

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213542822				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: CU Direct Corporation</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street</p> <p>RICHMOND, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NV</p> </div> <div style="width: 35%;"> <p>DUE DATE: 9/30/2013</p> <p>SCC ID NO: F1600818</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>1,000,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	1,000,000
CLASS	AUTHORIZED					
COMMON	1,000,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 2855 E GUASTI ROAD SUITE 500</p> <p style="text-align: center;">CITY/ST/ZIP: ONTARIO, CA 91761</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TONY BOUTELLE TITLE: PRES/CEO ADDRESS: 2855 E GUASTI ROAD SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TONY BOUTELLE TITLE: PRES/CEO ADDRESS: 2855 E GUASTI ROAD SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: TONY BOUTELLE TITLE: PRES/CEO ADDRESS: 2855 E GUASTI ROAD SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: KIP HAAS TITLE: VICE PRESIDENT ADDRESS: 2855 E GUASTI ROAD SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: KIP HAAS TITLE: VICE PRESIDENT ADDRESS: 2855 E GUASTI ROAD SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: KIP HAAS TITLE: VICE PRESIDENT ADDRESS: 2855 E GUASTI ROAD SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: CRAIG MONTESANTI TITLE: VP/CFO ADDRESS: 2855 E GUASTI ROAD SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: CRAIG MONTESANTI TITLE: VP/CFO ADDRESS: 2855 E GUASTI ROAD SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: CRAIG MONTESANTI TITLE: VP/CFO ADDRESS: 2855 E GUASTI ROAD SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JERALD NEEMANN TITLE: VICE PRESIDENT ADDRESS: 2855 E GUASTI ROAD SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JERALD NEEMANN TITLE: VICE PRESIDENT ADDRESS: 2855 E GUASTI ROAD SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: JERALD NEEMANN TITLE: VICE PRESIDENT ADDRESS: 2855 E GUASTI ROAD SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOE BRANCUCCI TITLE: CHAIRMAN ADDRESS: 2855 EAST GUASTI ROAD. SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOE BRANCUCCI TITLE: CHAIRMAN ADDRESS: 2855 EAST GUASTI ROAD. SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
NAME: JOE BRANCUCCI TITLE: CHAIRMAN ADDRESS: 2855 EAST GUASTI ROAD. SUITE 500 CITY/ST/ZIP/CO: ONTARIO, CA 91761	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR				

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DONNA BLAND DIRECTOR 2855 EAST GUASTI ROAD SUITE 500 ONTARIO, CA 91761	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DIANA DYKSTRA DIRECTOR 2855 EAST GUASTI ROAD SUITE 500 ONTARIO, CA 91761	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BARRY JOLETTE DIRECTOR 2855 EAST GUASTI ROAD SUITE 500 ONTARIO, CA 91761	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JEFF MARCH SECRETARY 2855 EAST GUASTI ROAD. SUITE 500 ONTARIO, CA 91761	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STERLING NIELSEN DIRECTOR 2855 EAST GUASTI ROAD SUITE 500 ONTARIO, CA 91761	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVE REYNOLDS DIRECTOR 2855 EAST GUASTI ROAD SUITE 500 ONTARIO, CA 91761	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN LUND DIRECTOR 2855 EAST GUASTI ROAD SUITE 500 ONTARIO, CA 91761	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ CRAIG MONTESANTI SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	CRAIG MONTESANTI, VP/CFO PRINTED NAME AND CORPORATE TITLE	9/12/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			